

# EXHIBIT 21

## for

For Federal Criminal/Civil case -- BRIEF /  
MEMORANDUM OF LAW AND ATTACHED  
EXHIBITS IN SUPPORT OF THE PETITIONER'S  
MOTION TO VACATE, SET ASIDE, OR CORRECT A  
SENTENCE BY A PERSON IN FEDERAL  
CUSTODY. MOTION UNDER 28 U.S.C. § 2255  
by Brian David Hill

Ally of Q, Former news reporter of USWGO Alternative News  
JUSTICEFORUSWGO.WORDPRESS.COM



Jan. 20, 2022

To Whom This May Concern:

I have been a witness Brian's entire life. I read the police report that Brian was medically and mentally cleared, and I have some questions to ask this court. How is it possible that someone who was diagnosed as having insulin dependent diabetes with seizures before the age of two years old and autism (PDD) before the age of three and diagnosed with OCD miraculously be medically cleared? Brian has been on SSI Disability since 1992 due to his serious disabilities and remains on SSI to this day so even though we wished it was true that when the police arrested him, he was miraculously medically & mentally cleared, he wasn't.

There is no longer carbon monoxide in his house since the chimney expert removed the tin in Jan. 2019, and there have been no more episodes of his being out of the house by himself at any time, and Brian continues taking his emergency supplies with him when he leaves the house. That night according to a later police testimony, Brian was so out of it that he had no emergency supplies, nothing that would have clued the policeman to the fact that Brian was a diabetic who required insulin, glucose tester and glucose tablets. Brian was not aware that he had diabetes that night, or he would have told the police. Once the court was aware of these severe medical problems, why did his court appointed attorneys refuse to obtain a medical expert witness after Brian's grandparents & mom offered to pay for this? Is this court aware that Brian has been on a medical Medicaid waiver since 2012 and was on this when arrested and continues to be on this as I write this letter as a witness for Brian?

We have obtained 2 hospital records during the time that he & his mom were exposed to carbon monoxide in their home. On the first hospital record on 11/19/2017 his mom found him in bed as she went down to check his blood glucose level at night with blood all over him and all over the bed and a bad cut on his forehead. She called 9-1-1, but Brian refused to go to the hospital until after his 3 hour OCD routine. She called us to try to help him get to the hospital faster, but we all sat in the living room while he was in the kitchen for over 2 hours longer while he continued washing his hands, arms, hair, face – blood continued coming down his face. At one point he was vomiting during that time. At another point he was having bad leg cramps, but finally he let us take him to the hospital.

While at the hospital emergency room for a few hours, they tested his blood glucose several times, did a lot of blood test including one for carbon dioxide and other test. We found out later he and his mom were living in a home with carbon monoxide from a natural gas boiler heater and natural gas hot water tank – not carbon dioxide. But

apparently to do that test, the hospital suspected something, and when you read the hospital report from what they found that night, you read the symptoms of both carbon dioxide & carbon monoxide. They sewed his forehead with staples instead of nylon due to his extensive hand & face washing routine (OCD).

On the second hospital visit (9/21/2018) even though the hospital records clearly state that he has insulin dependent diabetes, seizure history, autism and OCD and that he was brought to the hospital by the police because he was out in the nude that night by himself for hours walking around trails and had a knee injury. The hospital did not do one blood test to see what his blood glucose level was. Is it because that is normal for someone with type one insulin dependent diabetes with history of severe seizures when glucose goes low, autism & OCD to spend the night alone in the nude walking around a walking trail for hours miles from home without any medical emergency supplies? Someone who has never done this before? Did the police & doctor on duty at the hospital that night think this was normal? I can tell you right now this was not normal activity for Brian, and while this was going on, His care giver (and his 2 caregivers in case of emergencies) were in bed asleep unaware until the police came knocking at his mom's door at about 4 in the morning. They ordered blood test and other test to be done, then they deleted those test (Why?). This is clear neglect on the part of the hospital. More than once on this hospital report, the doctor ordered for Brian to see his doctor the next day for more tests knowing Brian was going to jail.

I was in the court room in Winston Salem, NC, when I heard this police testify. Brian's court appointed attorney asked if he knew that Brian had insulin dependent diabetes. His answer was "No", he didn't know that". Brian's attorney asked him if he knew that Brian had OCD. His answer was "No". She asked him if he knew that Brian had autism. His answer was that Brian had told him that he had autism. When she asked him if he had any training in autism, it sounded like he knew what autism was but didn't have a lot of training. Does this sound like Brian was really medically & mentally cleared as the police report said? It sounds to me like negligence from the Martinsville police department. There is supposed to be laws for people with disabilities. Does it sound like the police department was negligent in their duties of obeying any of these laws? I didn't see anywhere that after Brian told the police he had autism that an expert was called to help. Brian contacted the police department, and we did too as well as his court appointed attorney asking for them to give his attorney the body cam for proof that Brian was in bad shape that night. This never happened (Why?).

I also heard Brian's mom testify in the same court about the carbon monoxide exposure in their home for over a year and how that had affected both of them. Instead of obtaining a medical expert, the judge said that he would not accept her testimony because she was not an expert even though we sent to the court as a witness US government reports of what it is like to be exposed to carbon monoxide since the court

refused to obtain an expert medical witness. Brian's probation officer was also a witness for Brian. Someone placed child porn on Brian's computer in 2012 and sent emails to Brian and others admitting doing it and admitted that they would see to it that Brian stayed convicted of child porn. We have read these, obtained copies and sent copies to the federal court. We saw the report from the NC SBI that there was child porn on Brian's computer that had been downloaded for one month before the police raid and for **11 months after the police confiscated Brian's computer** which sounds like what they sent to Brian's computer was a virus with child porn. Brian is innocent, and we sent proof to the court of his innocence, pages of proof that the judge did not read because never once has the judge acknowledge us as witnesses. Regardless, our proof of his innocence is on federal court records since November, 2017.

Anyway, this is the reason Brian has a probation officer and the reason this case went to NC and the reason we were hearing the testimony from the police, Brian's caregiver (his mom) and his probation officer who has been a senior Federal probation officer for several years in Roanoke, Virginia. Brian's probation officer knew that Brian was an insulin dependent diabetic with seizure history, had autism and OCD and testified that he worked with Brian, Brian's mom and his grandparents with these issues. Apparently the judge did not believe that Brian's mom or federal probation officer were credible witnesses. He believed the police who admitted in court that he had not been aware of Brian's diabetes or OCD and really did not know a lot about autism. This conflicts with his police report which says that Brian was medically and mentally cleared.

Brian's diabetes requiring insulin (since 1992), seizures (since 1992), autism (since 1993) and OCD are well confirmed in hospital and many medical records. We have seen this judge several times and believe after reading many threats Brian and others had received that this judge is owned by whoever has sent these threats to Brian in 2012, 2013 & 2015, Brian's mom in 2017-2018 and an attorney friend (Attorney Susan Basko) received several in 2015 as Brian was fighting in court to prove his innocence. She wrote a letter to the court that Brian was innocent of knowingly having child porn in 2014, and we have seen a threat against Brian sent to his friend in 2012 because Brian at the time had an alternative news (USWGO) network which was a hobby he enjoyed and a chance to communicate with others, and they wanted to shut all of this down in 2012. We have seen threats sent to other alternative news people in 2013, threatening sending child porn to them to shut down their alternative news (and actually sending it, but they found it and sent to the FBI). Brian didn't see the ones on his computer. Many judges we have found out are compromised, and Brian's autism and other medical problems keep being ignored by them so that is why Brian has become very suspicious of some judges who are ignoring his constitutional rights as well as his medical history, not allowing a medical expert witness to testify and most important ignoring the proof we have in court that he is actually innocent.

Hospital did no glucose test on a type 1 insulin dependent diabetic who was walking around in the nude by himself all night. That is big time negligence by our local emergency room hospital, and the proof is on the hospital records. We have copies if you want to see them, or you can get the hospital records yourself from the hospital: Sovah Health – Martinsville; 320 Hospital Drive, Martinsville, VA 24112 – Phone # 276-666-7200. There are no results of any testing done for carbon monoxide exposure that night as well as no glucose tests were done, no testing to see if someone put drugs in his body, no testing at all from this hospital.

We saw Brian's wall around his fireplace & especially his ceiling deteriorate & come down (Under his mom's fireplace). His probation officer commented about it. Roberta kept saying she was so tired and didn't know why. Brian complained that he was tired, couldn't think straight and kept forgetting things. Both complained of headaches (Haven't heard anything before this exposure or after this exposure about them being tired or having a lot of headaches). Roberta's head was shaking during this time. Brian's autism & OCD were getting worse, and we found out Brian took off at night by himself to go miles from home without any diabetic medical supplies and without any hand sanitizers which he always keeps with him, says he met someone in a hoody who sounded like a white guy who told him to take his clothes off and take photos of himself or his mom (his only caregiver – grandparents are emergency backups elderly & disabled too) **will be killed**.

The court showed a pink camera which Brian never used a pink camera. He always takes his big black camera with him when he goes places with us. We picked up a backpack that was smaller than Brian uses and one that his mom had never seen before. Brian kept walking around for hours in the nude by himself like he didn't know how to put his clothes on. His clothes were in the backpack we picked up, but no emergency medical supplies were in it. In 31 years of knowing Brian, this is the first time anything like this has happened. We would not have woken up for a few hours so we don't know what would have happened to Brian if the police had not found him, but they turned this into a criminal offence when it was clearly a medical emergency. The Martinsville police & the Martinsville Hospital were clearly negligent in their duties that night.

If you know the many things that people with autism can do, this is one (wandering away from home at night): Even though the hospital did not test for carbon monoxide when he was arrested, and none of us were aware of the exposure until months after Brian was arrested, our family saw Brian's autism getting worse after all of the years of improvement. Since he has been home and away from carbon monoxide exposure, he still has autism, but not as bad as during this exposure. We don't worry that he will again take off by himself without his emergency medical supplies. After the arrest, we worried that he would do it again if we brought him back to his home and were begging



the Piedmont Community Services in Martinsville to get him removed from jail and in a hospital or other safe place, but they failed us and Brian miserably too.

Here is an article I found that might explain this. It says: "Because our nervous systems are bringing in lots and lots of information, we autistics often get over stimulated. Also, when we have lots of toxins flowing through our bloodstream, we tend to be much more inflamed, irritable, reactive, and friable than most people are. Anything that happens around us registers louder for us than for non-autistics and the stimulation affects us more. Now, there are two reasons for running away. If you think about it, any child who runs away, autistic or not, will be either running away from something, or running towards something. Many people on the autistic spectrum have post-traumatic stress disorder. There is a very, very close relationship between these two diagnoses. The body language of those of us autistics who are very tense is quite close to the body language of people with post-traumatic stress disorder.

When you're considering an autistic who runs away regularly, they're either running away from something that they are over stimulated, afraid or angry about, or they're running towards something attractive. Many of us autistics will run to green spaces, or run to water. There's a good reason for that. Autistics find natural areas — and the wilder, the better — to be extremely calming, to allow and enable much more comprehension and integration of what's going on around us. Indoor environments can be toxic and over stimulating. This is the article I am referring to & video:

<https://thrivewithautism.ca/2013/11/01/why-are-autistics-hyperactive-and-why-do-we-run-away/>

This did happen to Brian one time when he was little. We were next door neighbors, and in the middle of the night, Brian came to our house. He was wearing his pajamas. His mom put special locks at the top of the door, but now he is tall, and that wouldn't work. Knowing his autism had gotten worse and not knowing about the carbon monoxide exposure for about a year at the time of Brian's arrest, we were afraid he would run away again and asked our local Piedmont for help, but they did not get Brian out of jail, and we have found out that they know very little about autism. There should be records to confirm this at the Piedmont Community Services; 24 Clay St., Martinsville, VA 24112-2810. Phone # 276-632-7128, and the fax # 276-632-0127. We were keeping Brian's probation officer informed at all times. You see, if you have an autistic child or adult who runs away, this is scary and dangerous, but if this is an adult with autism who has brittle diabetes and has severe seizures, and no one is there to provide something sweet, this person will die. We knew this had nothing to do with "intent to commit a crime" but was a medical emergency. On days when Brian is more autistic, we can't get through to him and with the carbon monoxide exposure, we were having more days like that. Most days, we can communicate well when his autism is milder. I will note here that most days now, it is milder, and we communicate well thanks to the chimney expert who removed the tin so the carbon monoxide would go outside of their house.

I just found a webpage to help explain the legal process for those with autism. It deals with the part of what is considered a criminal act, and that is "intent". Today, courts are

dealing with instances of Autism Spectrum Disorder (ASD) as it relates to criminal intent but approaches vary, as there is no uniform or legislative pronouncement on how this disorder relates to "mens rea". <https://www.purdueglobal.edu/blog/criminal-justice/autism-and-the-criminal-justice-system/> Although most with an ASD will not commit crimes, courts must understand how to handle requests to admit expert testimony in those cases where a criminal defendant shows signs and symptoms (or a diagnosis) of ASD. NOTE: We have asked attorneys in federal court and Virginia courts to provide this expert medical witness and offered to pay for the one in Virginia, but all have ignored our request so not one of Brian's court appointed attorneys have really helped him, and from what I understand in the federal courts, some attorneys have tried but were flatly turned down by the judge. Brian had to pull out of the Virginia case because it was getting close to a jury trial, and Brian's court appointed attorney had no expert medical witness and no witnesses for Brian even though we made this request in the very beginning and even offered to pay for it if the state refused to pay.

I just thought that unless you or a member of your family have any of Brian's medical diagnosis, you might not understand Brian's complicated medical history, and why we say "There is no way that police report is correct unless Brian has been cured which he has not". The next 4 pages will explain Brian's medical history which is well documented in the hospital where the police took him as well as all medical records since 1992 including in the Social Security system, the Virginia Medicaid, and are still being documented by his diabetic endocrinologist specialist. My email address is [kenstella@comcast.net](mailto:kenstella@comcast.net).

Sincerely,

Stella B. Forinash

Brian Hill's grandmother

201 Greyson St

Martinsville, VA 24112

What is **insulin dependent diabetic**? For those who don't know: **Type 1 diabetes** (previously called insulin-dependent or juvenile diabetes) is usually diagnosed in children, teens, and young adults, but it can develop at any age. **Type 1 diabetes is less common than type 2—approximately 5-10% of people with diabetes have type 1.**

What are **diabetic seizures**? For those who don't know. **A diabetic seizure is a serious medical condition and without emergency treatment, it has proven to be**



fatal. Extremely low levels of sugar in the diabetic's blood cause these seizures. That is why it is so important for those who have diabetes to monitor and control their blood sugar.

**What is brittle diabetes?** Brian has been diagnosed with this by a few doctors. For those who don't know. Brittle diabetes occurs when diabetes is especially difficult to manage. Diabetes can be hard to manage for many reasons: Doctors have explained to us that Brian's autism – developmental problems & his diabetes works against each other causing brittle type 1 diabetes in him. People with brittle diabetes experience sudden and frequent changes in blood glucose levels for no obvious reason. The swings lead to hypoglycemia or hyperglycemia. **What is HYPOGLYCEMIA?** Hypoglycemia is a condition in which your blood sugar (glucose) level is lower than normal. Symptoms: Unconsciousness; Shakiness. **What is HYPERGLYCEMIA?** High blood sugar (hyperglycemia) affects people who have diabetes. Several factors can contribute to hyperglycemia in people with diabetes, including food and physical activity choices, illness, nondiabetes medications, or skipping or not taking enough glucose-lowering medication. It's important to treat hyperglycemia, because if left untreated, hyperglycemia can become severe and lead to serious complications requiring emergency care, such as a diabetic coma. In the long term, persistent hyperglycemia, even if not severe, can lead to complications affecting your eyes, kidneys, nerves and heart.

**What is Autism?** For those who don't know. Autism, or autism spectrum disorder (ASD), refers to a broad range of conditions characterized by challenges with social skills, repetitive behaviors. Autism is a complex, lifelong **developmental disability (PDD)** that typically appears during early childhood and can impact a person's social skills, communication, relationships, and self-regulation.

**What is OCD?** For those who don't know. Obsessive fear of germs or dirt and the compulsion to wash the hands over and over is one of the most common manifestations of obsessive-compulsive disorder (OCD). For people who suffer from OCD, hand washing goes well beyond a concern with cleanliness. It is extreme behavior whose real purpose is to lessen intense feelings of fear and anxiety. Oh, yes, I forgot to mention that Brian has also been diagnosed as having **"Anxiety"**.

**What is SSI?** SSI stands for Supplemental Security Income. Social Security administers this program. They pay monthly benefits to people with limited



income and resources who are disabled, blind, or age 65 or older. Blind or disabled children may also get SSI. To get SSI, you must meet one of these requirements: Be age 65 or older. Be totally or partially blind. Have a medical condition that keeps you from working and is expected to last at least one year or result in death. Brian has been receiving an SSI disability check since 1992 (well documented) and still receives them.

What is a **Virginia Medicaid Waiver**? For those who don't know: Virginia's Medicaid Waivers pay for a variety of supports and services for children and adults with developmental disabilities and their families who need long-term support systems to live successfully in the community rather than in institutional settings. Brian is on this list because it has more benefits in case his mom is no longer able to assist. The one that he has been on since 2012 which pays his mom to be his caregiver 40 hours a week (The rest of time she is a volunteer) is an EDCD waiver.

What is **carbon monoxide exposure**? For those who don't know.

**Overview.** Carbon monoxide poisoning occurs when carbon monoxide builds up in your bloodstream. When too much carbon monoxide is in the air, your body replaces the oxygen in your red blood cells with carbon monoxide. This can lead to serious tissue damage, or even death. Carbon monoxide is a colorless, odorless, tasteless gas produced by burning gasoline, wood, propane, charcoal or other fuel. Improperly ventilated appliances and engines, particularly in a tightly sealed or enclosed space, may allow carbon monoxide to accumulate to dangerous levels. If you think you or someone you're with may have carbon monoxide poisoning, get into fresh air and seek emergency medical care. This went on for over a year. Roberta (Brian's mom's) apartment is 1500 sq ft, and Brian's apartment below his mom's is the same size, but every time they used their heater or the hot water heater, they were exposed with a build up after a year of exposure. Continued exposure to carbon monoxide can cause permanent brain, nerve, or heart damage. Some people require years to recover while others might never fully recover. Does carbon monoxide make you hallucinate?

These can include agitation, confusion, depression, lethargy, impulsiveness, **hallucinations**, confabulation, distractibility, and memory problems. Visual disturbances and seizure, as well as fainting (syncope), can also be related to carbon monoxide toxicity. Can carbon monoxide poisoning change your personality? Personality changes may occur, and case studies have described prominent depression, anxiety, and irritability several years after accidental CO poisoning. Residual cognitive deficits, executive dysfunction, and impairments in memory and concentration may all contribute to deterioration in mood.

There is a lot more information about it on this USA government site:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2707118/>

## **Bill requiring consideration of autism, mental illness in criminal justice system passes in Virginia**

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RICHMOND, Va. (WRIC)- Advocates say a law that bars Virginia courts from fully considering a person's disability or mental illness is causing defendants with autism to fall through the cracks. <https://www.wric.com/news/bill-requiring-consideration-of-autism-mental-illness-in-criminal-justice-system-passes-in-virginia/>

<https://law.lis.virginia.gov/vacodeupdates/title19.2/section19.2-271.6/>

### **§ 19.2-271.6. Evidence of defendant's mental condition admissible; notice to Commonwealth. (2021 updated section)**

A. For the purposes of this section:

"Developmental disability" means the same as that term is defined in § [37.2-100](#).

"Intellectual disability" means the same as that term is defined in § [37.2-100](#).

"Mental illness" means a disorder of thought, mood, perception, or orientation that significantly impairs judgment or capacity to recognize reality.

B. In any criminal case, evidence offered by the defendant concerning the defendant's mental condition at the time of the alleged offense, including expert testimony, is relevant, is not evidence concerning an ultimate issue of fact, and shall be admitted if such evidence (i) tends to show the defendant did not have the intent required for the offense charged and (ii) is otherwise admissible pursuant to the general rules of evidence. For purposes of this section, to establish the underlying mental condition the defendant must show that his condition existed at the time of the offense and that the condition satisfies the diagnostic criteria for (i) a mental illness, (ii) a developmental disability or intellectual disability, or (iii) autism spectrum disorder as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

One of the scariest moments for a parent of an autistic child is when they wander off or become lost. Children and adults with autism can be gone in a second of taking their eyes off them. They are fast, quick and sometimes can dart away without a seconds warning.

Sometimes they may wander off out of the house in the middle of the night, sometimes from schools or other places. No matter where the child or adult may wander one must act quickly. <https://www.gastongazette.com/story/opinion/letters/2018/09/28/what-can-you-do-when-autistic-child-or-adult-wanders-off/9765760007/>

**Autism Society article and what it says: "USE LOCKS AND ALARMS WHERE APPROPRIATE"**

For individuals who run away or leave the home without supervision (also referred to as "elopement" or "wandering"), it is important to place locks and alarms on exterior doors and windows. This may prevent the child from leaving, or at the very least notify you if he/she attempts to open a potential exit route. <https://www.autism-society.org/living-with-autism/how-the-autism-society-can-help/safe-and-sound/safety-in-the-home/> NOTE: This helped when Brian was a child, but now as an adult, it wouldn't help plus at this time, his mom was not well either from her exposure to carbon monoxide & none of us knowing about the tin.

Chart below about autism. These charts helped us when Brian was little to understand autism better: There are also charts that show the "wandering & more descriptions.

